

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						10/598512	30 APR 2008
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/	/	/	/	/		51
2	/	/	/	/	/		52
3	2	/	/	/	/		53
4	2	/	2	/	/		54
5	/	/	/	/	/		55
6	/	/	/	/	/		56
7	2	/	2	/	/		57
8	2	/	2	/	/		58
9	2	/	2	/	/		59
10	2	/	2	/	/		60
11	2	/	2	/	/		61
12	/	/	/	/	/		62
13	2	/	/	/	/		63
14	2	/	1	/	/		64
15	2	/	1	/	/		65
16	2	/	1	/	/		66
17	2	/	1	/	/		67
18	2	/	1	/	/		68
19	2	/	1	/	/		69
20	2	/	1	/	/		70
21	2	/	1	/	/		71
22	2	/	1	/	/		72
23	2	/	1	/	/		73
24	2	/	1	/	/		74
25	/						75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	2	↓	2	↓	2	↓	
TOTAL DEP.	25	←	26	←	20	←	
TOTAL CLAIMS	21	28	22				